

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000050333

**FILED**  
**Feb 11, 2012**  
**Secretary of State**

**Entity Name:** FRANTZ CHERY, M.D., P.A.

**Current Principal Place of Business:**

4320 WEST BROWARD BLVD  
SUITE 3  
PLANTATION, FL 33317

**New Principal Place of Business:**

4900 W. OAKLAND PARK BLVD  
SUITE 201  
LAUDERDALE LAKES, FL 33313 US

**Current Mailing Address:**

4320 WEST BROWARD BLVD  
SUITE 3  
PLANTATION, FL 33317

**New Mailing Address:**

4900 W. OAKLAND PARK BLVD  
SUITE 201  
LAUDERDALE LAKES, FL 33313 US

**FEI Number:** 32-0312291

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CHERY, FRANTZ  
4320 WEST BROWARD BLVD  
SUITE 3  
PLANTATION, FL 33317 US

**Name and Address of New Registered Agent:**

CHERY, FRANTZ  
4900 W. OAKLAND PARK BLVD  
SUITE 201  
LAUDERDALE LAKES, FL 33313 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: FRANTZ CHERY, M.D.

02/11/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CHERY, FRANTZ M.D.  
Address: 4900 W. OAKLAND PARK BLVD - SUITE 201  
City-St-Zip: LAUDERDALE LAKES, FL 33313 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FRANTZ CHERY, M.D.

P

02/11/2012

Electronic Signature of Signing Officer or Director

Date